

NATIONAL INSTITUTE OF CHILD HEALTH  
AND HUMAN DEVELOPMENT

**Professional/Technical Services Contract Worksheet**

ORDER NO: \_\_\_\_\_ EFF DATE: \_\_\_\_\_ CAN: \_\_\_\_\_ OCC: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TEL: \_\_\_\_\_  
(Name of person inquiries to be directed to)

EIN: \_\_\_\_\_ (Employee ID No. Or SSN - if using SSN, add as first digit the number 2 if  
American citizen and 4 if foreigner)

SHIP TO: \_\_\_\_\_ BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_  
(Name of person receiving service)

SIGNATURE OF REQUESTER: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

RQN BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_

SF37: \_\_\_\_\_ FOR: \_\_\_\_\_ BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_  
(Office, Lab/Branch)

FOB: \_\_\_\_\_ DLV DATE: \_\_\_\_\_ DISC TERMS: net CLAUSE: \_\_\_\_\_  
d for destination (last date of service)  
o for origin

REMARKS: \_\_\_\_\_  
(Brief description of purpose of professional service)

ITEM #: 1 LAST ITEM? N QTY: \_\_\_\_\_ UNIT: \_\_\_\_\_ UPRICE: \_\_\_\_\_

DESC: honorarium

ITEM #: 2 LAST ITEM? N QTY: \_\_\_\_\_ UNIT: \_\_\_\_\_ UPRICE: \_\_\_\_\_

DESC: per diem (show here - per diem calculation \_\_\_\_\_ )  
e.g. 2 days @ \$127 + \$34 MMIE - \$288.

\*If the contractor is being paid a fraction of the full per diem, Item 2 (per diem) should read:

QTY: \_1\_ UNIT: \_CHG\_ UPRICE: (Total Amount Being Paid)

ITEM #: 3 LAST ITEM? Y QTY: \_\_\_\_\_ UNIT: \_chg\_ UPRICE: \_\_\_\_\_

DESC: transportation and other expenses

(Airfare = \_\_\_\_\_ (Taxis = \_\_\_\_\_ (Mileage = \_\_\_\_\_ )

# NICHD PROFESSIONAL/TECHNICAL SVCS CONTRACT DELPRO WORKSHEET

CONTRACTOR NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT OF ORDER \$ \_\_\_\_\_

DETAILED DESCRIPTION OF SERVICE: (Fees for service, please address the following: what needs to be done; how should it be done; what special equipment or procedures should be used; what deliverables are expected.)

FOREIGN VENDOR

VISA TYPE: \_\_\_\_\_

DATES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXPLAIN WHY THIS SERVICE CANNOT BE PERFORMED UTILIZING QUALIFIED NIH STAFF.

APPROVALS:

PROGRAM DIRECTOR \_\_\_\_\_ (if required) \_\_\_\_\_ (date)

Ordering Mechanism

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> NIH Stock Requisition   | <input type="checkbox"/> BPA (OM)                                    | <input type="checkbox"/> APR                   | <input type="checkbox"/> Reprints/Publications Costs |
| <input type="checkbox"/> GSA Fedstrip  | <input type="checkbox"/> SF 44                                       | <input type="checkbox"/> RQM                   | <input type="checkbox"/> Scientific Repairs          |
| <input type="checkbox"/> BPA (FSS)   | <input type="checkbox"/> IDC   | <input type="checkbox"/> Professional Services |  |
| <i>Are any of the items available from these sources? If "yes," and you are not using the mandatory source, explain why in Item 7.</i> |  |  |  |
| Yes  | No   | Yes  | No   |
| <input type="checkbox"/>   | <input type="checkbox"/> NIH Surplus                                 | <input type="checkbox"/>                       | <input type="checkbox"/> UNICOR                      |
| <input type="checkbox"/>   | <input type="checkbox"/> NIH Required Source (MAPB, Glassware, etc.) | <input type="checkbox"/>                       | <input type="checkbox"/> Blind/Severely Disabled     |
| <input type="checkbox"/>   | <input type="checkbox"/> NIH/GSA Stock                               | <input type="checkbox"/>                       | <input type="checkbox"/> Mandatory FSS Schedules     |
| Date Ordered   |  | Ordering Official's Name                       |  |

NATIONAL INSTITUTE OF CHILD HEALTH  
AND HUMAN DEVELOPMENT

**Professional/Technical Services Contract Worksheet**

ORDER NO: \_\_\_\_\_ EFF DATE: \_\_\_\_\_ CAN: \_\_\_\_\_ OCC: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TEL: \_\_\_\_\_  
(Name of person inquiries to be directed to)

EIN: \_\_\_\_\_ (Employee ID No. Or SSN - if using SSN, add as first digit the  
number 2 if American citizen and 4 if foreigner)

SHIP TO: \_\_\_\_\_ BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_  
(Name of person receiving service)

SIGNATURE OF REQUESTER: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

RQN BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_

SF37: \_\_\_\_\_ FOR: \_\_\_\_\_ BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_  
(Office, Lab/Branch)

FOB: \_\_\_\_\_ DLV DATE: \_\_\_\_\_ DISC TERMS: net CLAUSE: \_\_\_\_\_  
d for destination, o for origin (last date of service)

REMARKS: \_\_\_\_\_  
(Brief description of purpose of professional service)

ITEM #: 1 LAST ITEM? N QTY: \_\_\_\_\_ UNIT: \_\_\_\_\_ UPRICE: \_\_\_\_\_

DESC: honorarium

ITEM #: 2 LAST ITEM? N QTY: \_\_\_\_\_ UNIT: \_\_\_\_\_ UPRICE: \_\_\_\_\_

DESC: per diem (show here - per diem calculation \_\_\_\_\_)  
e.g. 2 days @ \$127 + \$34 MMIE - \$288.

\*If the contractor is being paid a fraction of the full per diem, Item 2 (per diem) should read:

QTY: 1 UNIT: CHG UPRICE: (Total Amount Being Paid)

ITEM #: 3 LAST ITEM? Y QTY: \_\_\_\_\_ UNIT: chg UPRICE: \_\_\_\_\_

OBER verifies - this is coach fare

DESC: transportation and other expenses

(Airfare = \_\_\_\_\_ (Taxis = \_\_\_\_\_ (Mileage = \_\_\_\_\_)

\*ITEM #: 4 LAST ITEM? N QTY: \_\_\_\_\_ UNIT: \_\_\_\_\_ UPRICE: \_\_\_\_\_

DESC: Personal health insurance required at no expense to the Government (provide copy of insurance card).

\*ITEM #: 5 LAST ITEM? Y QTY: \_\_\_\_\_ UNIT: \_\_\_\_\_ UPRICE: \_\_\_\_\_

DESC: If this work pertains to animal research, you must abide by statement of work requirements.

\_\_\_\_\_ Yes, work pertains to animal research \_\_\_\_\_ No, work does not pertain to animal research.  
Per Dr. \_\_\_\_\_ Per Dr. \_\_\_\_\_

# NICHD PROFESSIONAL/TECHNICAL SERVICES CONTRACT DELPRO WORKSHEET

CONTRACTOR NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT OF ORDER \$ \_\_\_\_\_

DETAILED DESCRIPTION OF SERVICE: (Fees for service, please address the following: what needs to be done; how should it be done; what special equipment or procedures should be used; what deliverables are expected.)

FOREIGN VENDOR

VISA TYPE: ☐ J-1 ☐ B-1 B1=NO HONORARIUM

EXPLAIN WHY THIS SERVICE CANNOT BE PERFORMED UTILIZING QUALIFIED NIH STAFF.

ADDITIONAL DOCUMENTATION TO BE ATTACHED: NIH 590, CV, BIBLIOGRAPHY, STATEMENT OF WORK AND CHECKLIST FOR SERVICE ACQUISITIONS.

APPROVALS:

PROGRAM DIRECTOR \_\_\_\_\_ (if required) \_\_\_\_\_ (date)

Ordering Mechanism

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> NIH Stock Requisition   | <input type="checkbox"/> BPA (OM)                                    | <input type="checkbox"/> APR                   | <input type="checkbox"/> Reprints/Publications Costs |
| <input type="checkbox"/> GSA Fedstrip  | <input type="checkbox"/> SF 44                                       | <input type="checkbox"/> RQM                   | <input type="checkbox"/> Scientific Repairs          |
| <input type="checkbox"/> BPA (FSS)   | <input type="checkbox"/> IDC   | <input type="checkbox"/> Professional Services |  |
| <i>Are any of the items available from these sources? If "yes," and you are not using the mandatory source, explain why in Item 7.</i> |  |  |  |
| Yes  | No   | Yes  | No   |
| <input type="checkbox"/>   | <input type="checkbox"/> NIH Surplus                                 | <input type="checkbox"/>                       | <input type="checkbox"/> UNICOR                      |
| <input type="checkbox"/>   | <input type="checkbox"/> NIH Required Source (MAPB, Glassware, etc.) | <input type="checkbox"/>                       | <input type="checkbox"/> Blind/Severely Disabled     |
| <input type="checkbox"/>   | <input type="checkbox"/> NIH/GSA Stock                               | <input type="checkbox"/>                       | <input type="checkbox"/> Mandatory FSS Schedules     |
| Date Ordered   |  | Ordering Official's Name                       |  |

☐ OTHER (NIH-Funded)

☐ Competitive outside  
post-doc Fellowship

OMB No. 0925-0177  
Approved for use through 7/31/02

## Special Volunteer and Guest Researcher Assignment

Use prescribed by NIH Manual 2300 308-1

☐ New ☐ Renewal

☐ Termination, Date: \_\_\_\_\_

☐ Special Volunteer (Provide services to NIH)

☐ Guest Researcher (Use NIH facilities for own  
research purposes)

### Section I -- Request for Special Volunteer/Guest Researcher Approval

|  |                    |  |                             |   |
|--|--------------------|--|-----------------------------|---|
| 1. Name of Special Volunteer or Guest Researcher (Last name, first, and middle initial)  |                    | 2. Sex<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male           | 3. Starting Date            | 4. Not to Exceed Date                   |
| SSN#   |                    |  |                             |   |
| 5. Mailing Address   |                    | 6. Citizenship   |                             | 7. Country of legal permanent residence |
| 8. Current Phone No.   | 9. Current Fax No. | 10. Date of Birth (MM/DD/YY)   | 11. City & Country of Birth |   |
| 12. Education (See instructions on page 3.)  |                    | 13. Present Employer or Institution (Name & Address)                                 |                             |   |
| 14. Present Position Title   |                    | 15. Health Insurance Coverage (See instructions on page 3.)                          |                             |   |
| *16. Source of Salary or Stipend   |                    | *17. Amount of Salary or Stipend   |                             |   |
|  |                    | Derived from Federal Funds? Yes <input type="checkbox"/> No <input type="checkbox"/> |                             |   |
| *18. Outside Sponsor (Name, organization and address)  |                    |  |                             |   |
| 19. Brief Description of the Work to be Performed and the Space to be Occupied (Any patient contact requires prior approval of the NIH Medical Board.)<br>For foreign Special Volunteer or Guest Researcher, state general research area |                    |  |                             |   |

|  |               |
|--|---------------|
| 20. Name and Organization of Supervisor (for Special Volunteer) or NIH Host (for Guest Researcher)                       | 21. Phone No. |
| 22. Approval Signature (For Special Volunteer--IC approving official.)<br>(For Guest Researcher--IC Scientific Director) | 23. Date      |

---

**Section II -- Arrival Information**

---

|   |                    |
|---|--------------------|
| 1. IC/Lab and Location ( <i>Building and room</i> )       | 2. Phone No.       |
| 3. Local Address of Special Volunteer or Guest Researcher | 4. Local Phone No. |

---

**Section III -- For Foreign Special Volunteer or Guest Researcher Only**

---

**1. Visa Assistance** (*Attach C.V. & Bibliography, and copies of previous correspondence between sponsor and individual.*)

- ☐ Provide J-1 visa assistance. (*Requires at least a Master's degree or equivalent*)
- ☐ Individual will enter U.S. in \_\_\_\_\_ status (e.g., B-1, WB) or is currently in the U.S. in \_\_\_\_\_ status (e.g., J-2, G-4).
- Date of entry into U.S. \_\_\_\_\_.
- Attach copies of all immigration documents for applicant and dependents, e.g., Forms I-94, IAP-66, I-797, and pages of passport.
- (*Provide CAN if you want FIC/ISB to send documents by express mail \_\_\_\_\_* )

---

**2. MDs Only:** Check one, complete information, and attach documents as requested. NIH-sponsored J-1 visa holders are limited to incidental patient contact.

- ☐ No patient contact
- ☐ Incidental patient contact (Attach: Four-Point Memorandum & ECFMG certificate [copy])
- ☐ No change in program--Four-point Memorandum not required (renewals only)

---

**3. Dependent Information** (Dependents = spouse & unmarried children under 21)

Dependents?

- ☐ No
- ☐ Yes--See Section III instructions.

## Form NIH 590 Instructions

### Section I:

Request for Special Volunteer/Guest Researcher Approval (to be initiated by the NIH Supervisor Host and approved before the Special Volunteer's or Guest Researcher's arrival).

- 1-2. Self-explanatory.
- 3-4. List anticipated starting and ending dates of assignment.
5. List mailing address, not the temporary, local one.
- 6-7. If not a U.S. citizen, list citizenship and country of permanent residence. (Attach proof if different from country of citizenship).
- 8-11. Self-explanatory.
12. List degrees, institutions, and dates. (If requesting a J-1 visa, include copies of all degrees and English translations).
- 13-14. List current position title or status (e.g., "student"), organization or institution, and address.
15. List health insurance coverage only if not a U.S. citizen.
- 16-17. List the organization paying the Guest Researcher's salary or stipend during the NIH stay. If self-supporting, so state and list funds available for the period of the NIH stay. If requesting a J-1 Visa, proof of funding must be provided in U.S. dollars, on institutional letterhead, indicating start and end dates. Indicate if funding source is a foreign government.
18. List outside sponsor. If self-sponsored, so state.
19. Describe the services to be provided by the Special Volunteer or the Guest Researcher's project, and the space he/she will occupy.

20. List NIH Supervisor or Host by name and organization.
21. List phone number of NIH Supervisor or Host.
- 22-23. Self-explanatory. For Guest Researchers not in intramural research programs, the Division Director or other major organizational component head who reports directly to the IC Director should sign Block 22.

### Section II:

- 1-2. List the NIH address and extension on which the Special Volunteer or Guest Researcher can be contacted.
- 3-4. List the local address and phone number rather than the permanent home address listed in Block 5 above.

### Section III:

1. Self-explanatory.
2. See FIC/ISB Technical Advisories No. 4 & 4A on patient contact at: <http://www.nih.gov/fic/visiting/taindex.html>.
3. Attach sheet with following information for each accompanying dependent: Full name (family, first, middle); relationship; date (MM/DD/YY), city, and country of birth; nationality. If already in the U.S., also provide: passport no., issuing country, expiration date. (**Note:** If dependents will travel separately, give approximate dates of arrival).

*Note for renewals:* See FIC/ISB Technical Advisory No. 11 for eligibility criteria and instructions on submission of renewal requests for individuals who will exceed three years in J-1 status (<http://www.nih.gov/fic/visiting/taindex.html>).

---

## Privacy Act Statement

Pursuant to the Privacy Act of 1974, NIH provides the following explanation. The information requested on this form is collected under authority of:

- 42 U. S. C. 282(b)(10) and 42 U.S.C. 284(b)(1)(K). These sections permit the NIH to accept voluntary services in support of a wide variety of NIH activities.
- 42 U. S. C. 241(a)(2) as implemented by Section 9.2., Title 45 of the Code of Federal Regulations. This section permits the NIH to make research and study facilities available to the scientific community, especially qualified academic scientists and engineers.

Neither these statutes nor implementing regulations require or authorize NIH to impose penalties for failing to respond. Accordingly, your providing the requested information is voluntary.

The effect of refusing to provide the information requested on this form will be a decision not to accept the services you may offer as a volunteer, or to deny you the use of NIH research and/or study facilities. The purpose of the information requested is to determine

whether you meet the criteria to provide volunteer services to NIH or to use NIH facilities.

*Routine Uses:* Information furnished may routinely be disclosed to:

- institutions providing financial support;
- U. S. Office of Personnel Management for program evaluation purposes;
- the U. S. State Department for matters regarding foreign visitors;
- the General Accounting Office for fund disbursement determinations;
- the Department of Justice in the event of litigation;
- a congressional office responding to an inquiry from the person to whom the record pertains;
- Federal agencies that are considering you for employment and need to verify your status while at NIH.

---

## Burden Statement

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB

control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden estimate to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN PRA (0925-0177). Do not return the completed form to this address.